

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 028, 401 East State Street
Trenton, New Jersey 08625-0028

"Request to Deactivate EPA ID Number"

EPA ID No. NJD 986623510

Company Name: Eureka Spring Co., Inc.

Site Address: 9-15 Manufacturers Place Newark
(street) (city / town)
New Jersey 07105 52 2479
(state) (zip code) (lot) (block)

Mailing Address: Same (street / p.o. box) (city / town)
(state) (zip code)

Company Contact: Jeffrey Suckow (201) 589-4960
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

☒ The EPA ID number was obtained for a one time cleanup which is completed.

REMOVAL OF UST

☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____).

☐ Other _____

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

Janet A. Sauer
(printed name)
Project Manager
(title)

Janet A. Sauer
(signature)
3-28-93
(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant

UD 11/7/94 L/R - LN4

State of New Jersey
Department of Environmental Protection and Energy
Atlantic Region
CN 038, 401 East State Street
Trenton, New Jersey 08635-0038

"Request to Deactivate EPA ID Number"

EPA ID No. _____

Company Name _____

Site Address _____

Mailing Address _____

Company Contact _____

Reasons for deactivating EPA ID No. (Check all appropriate boxes)

☐ The EPA ID number was obtained for a one time cleanup which is completed

☐ The site has completed an RCRA cleanup (indicate RCRA Case # _____)

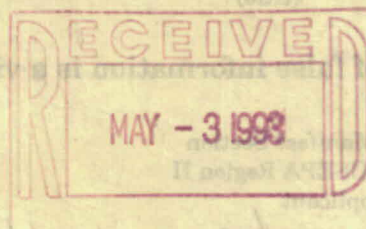
☐ Other _____

Is the site presently occupied? (circle yes or no) _____

Sign and date the application below, and retain (no last page link copy) for your records

(signature)

(date)



Submission of this information in violation of N.J.A.C. 7:26-6.6 and N.J.A.C. 7:26-7.3

copy to White House
Yellow EPA Region II
Pink - Regional

Handwritten notes at the bottom of the page, including "4/14/93" and "Lut".



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/03/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986623510

FACILITY NAME -> EUREKA SPRING CO INC

MAILING ADDRESS -> PO BOX 5067
NEWARK, NJ 07105

INSTALLATION ADDRESS -> 9-15 MANUFACTURERS PL
NEWARK, NJ 07105

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: SUCKOW, JEFFREY
MGR
EUREKA SPRING CO INC
PO BOX 5067
NEWARK, NJ 07105

ACTIVE OIL SERVICE, INC.

TANK CLEANING • REMOVAL • ENVIRONMENTAL SERVICES • DEMOLITION

January 14, 1992

Ms. Betsy Lopez
EPA Region II - Room 505
26 Federal Plaza
New York, New York 10278

Dear Ms. Lopez:

RE: REQUEST FOR EPA ID# (TEMPORARY)

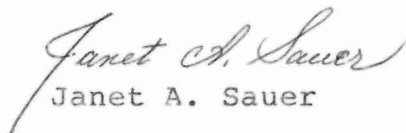
Enclosed is a completed EPA Notification form for EUREKA SPRING CO., INC., Newark, N.J.

EPA ID# should be a temporary one, since it will be used only to transport product resulting from the removal of a gas underground storage tank.

Kindly call or fax ID#. Thanks

Very truly yours,

ACTIVE OIL SERVICE, INC.


Janet A. Sauer

JAS:am
encl.

92 JAN 16 PM 1:29
FEDERAL AGENCY
BRANCH

Feb 11

UNITED STATES SERVICE

Form Approved OMB No. 2000-0026, Expires 10-31-01
GSA No. 0285-075-01



Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

NTD982223520

☒ A. First Notification

☐ B. Subsequent (Complete item)

I. Name of Installation (include company and specific site name)

EUREKA SPRING CO. INC.

II. Location of Installation (Physical address, street, street or route number)

Street

2-15 MANUFACTURERS PLACE

Street (continued)

City or Town

NEWARK

State

ZIP Code

NJ

07105

County Code

County Name

ESSEX

IV. Installation (See instructions)

Street

P.O. BOX 306

City or Town

NEWARK

State

ZIP Code

NJ

07105

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

SHUCKOW

(first)

JEFFREY

Job Title

MANAGER

Phone Number (Area code and number)

201-589-4960

VI. Installation Contact Address (see instructions)

A. Contact Address

B. Street or P.O. Box

Location (Mailing)

☒ X

City or Town

NEWARK

State

ZIP Code

NJ

07105

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

EUREKA SPRING CO. INC.

Street, P.O. Box, or Route Number

2-15 MANUFACTURERS PLACE

City or Town

NEWARK

State

ZIP Code

NJ

07105

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner

(Date Changed)

201-589-4960

I

E

Yes

No

X

Spoke with Janet 1/17/92 3:10 AM

I, John J. [Signature], certify under penalty of law that I have personally examined and am familiar with the information submitted in this report and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of being imprisoned.

VICE-PRESIDENT

1-13-92

92 JAN 16 PM 1:29

ONE TIME USE - RESULTING THERMAL INTERVAL OF ONE (1) 275 Gal. GAS LOT

11 40378 100 200

DRAFT

NG
NJTD 986-6235/DRCRIS
+ [unclear]

COMPLIANCE EVALUATION INSPECTION (CEI)

EUREKA SPRING COMPANY, INC.

NEWARK, NEW JERSEY

WORK ASSIGNMENT R02035

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ATTACHMENTS

New Jersey Generator Inspection Report
New Jersey Hazardous Waste Inspection Report

1.0 INTRODUCTION

In accordance with RCRA policy, hazardous waste transporter, generator, or treatment/storage/disposal (TSD) facilities are subject to Compliance Evaluation Inspections (CEI) which address facility environmental concerns. The inspections are conducted to evaluate compliance with all applicable standards promulgated under 40 CFR Parts 262 through 268.

Under TES V Work Assignment R02035, CDM Federal Programs Corporation (CDM Federal) was contracted to conduct a CEI at the Eureka Spring Company, Inc. (Eureka) facility in Newark, New Jersey. Aaron Frantz of CDM Federal visited Eureka on September 22, 1993 to conduct the CEI. The information within this report was obtained from facility personnel and onsite records during the CEI, except where referenced otherwise.

The CEI was conducted using (as appropriate) the New Jersey Generator Inspection Report and the New Jersey Hazardous Waste Inspection Report. These documents were used as a basis for the inspection. All pertinent information is recorded in the inspection narrative. When necessary, relevant checklists were completed to provide additional detail when specific concerns were encountered during the inspection.

2.0 SITE BACKGROUND

2.1 FACILITY DESCRIPTION AND OPERATIONS

The Eureka facility is located at 9-15 Manufacturer's Place in Newark, New Jersey, employs seven people and is housed in one building measuring 11,000 square feet in area. The facility's operation consists of bending and shaping metal to form coil and flat springs. No plating, heat treating, welding, or painting operations are performed by the facility.

The inspection consisted of meeting the facility representative to obtain a description of the site operations, conducting a facility tour and reviewing facility documents. Facility representative Jeffrey Suckow was present during the inspection. The EPA ID number for Eureka is NJD986623510.

2.2 HAZARDOUS WASTE GENERATION

On arrival at the facility, Mr. Suckow stated that Eureka is not a hazardous waste generator. Additionally, based on the observations made during the inspection, Mr. Suckow's statement was verified and it appears that the Eureka facility is not a hazardous waste generator.

In the beginning of 1992, the facility had three underground storage tanks removed and disposed. The tanks consisted of one 1000 gallon heating oil tank, one gasoline tank (capacity not obtained), and one 250 (or 500) gallon heating oil tank. An EPA Identification number (ID#), which was used on the manifest that documented the shipment of the tanks to an offsite facility for disposal, was obtained.

3.0 ON-SITE OBSERVATIONS

3.1 IDENTIFICATION OF HAZARDOUS WASTES

No hazardous waste was identified at the facility.

4.0 CONCLUSIONS

It appears the Eureka facility is not a hazardous waste generator. No hazardous wastes or areas of concern were identified during the inspection. Also, no areas of contamination or possible contamination were identified that would be a threat to human health or the environment.

The facility representative requested to de-list Eureka and the EPA ID#.

FILE #: _____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
& ENERGY

DIVISION OF FACILITY WIDE ENFORCEMENT

BUREAU: _____

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Eureka Spring Company, Inc.

EPA ID NUMBER: NJD986623510 CASE NUMBER: _____

STREET ADDRESS: 9-15 Manufacturers Place

MUNICIPALITY: Newark COUNTY: Essex

MAILING ADDRESS: P.O. Box 5067
(if different) Newark NJ 07105

BILLING ADDRESS: same
(if different)

TELEPHONE # (201) 589-4960 FAX # (201) 589-0103

BLOCK : not obtained LOT : not obtained

FACILITY PERSONNEL; Jeffrey Suckow - Vice President
(name & title)

INSPECTION DATE: September 22, 1993

INSPECTOR'S NAME & TITLE: Aaron R. Frantz CDM Federal Programs Corp.
- EPA Contractor -

OTHER STATE/EPA PERSONNEL: _____

REPORT PREPARED BY: _____

REVIEWED BY: _____ DATE OF REVIEW: _____
DFWE 29 REV. 1/12/93

SAMPLES TAKEN: YES () NO (/) HOW MANY () ATTACH
SAMPLE LOG

EMPLOYEES: 7 SHIFTS/WEEK: 1
DATE OPERATIONS BEGUN: 1908 SIC CODE: _____
ACRES: 20.5 # OF BUILDINGS/SQFT: 1 (~11,000 ft²)
PRODUCTS PRODUCED: Flat & coiled springs

PREVIOUS OPERATIONS AT SITE: not obtained

WATER SUPPLY- PUBLIC: City of Newark PRIVATE WELL: none

SOLID WASTE DISPOSAL: Pucillo Sanitation

FLOOR DRAINS: none

DRAINS CONNECTED TO- POTW: n/a SEPTIC SYSTEM: n/a

MONITORING WELLS: one monitoring plant had been installed exclusively

In the removal of USTs, well is still operational to monitor

NON-HW. TANKS ON SITE : none

AIR PERMITS: none

NJPDES PERMITS: none

OTHER PERMITS: None

INSPECTION & GENERAL FACILITY DESCRIPTION & OPERATIONS

Eureka Spring is a family owned business that employs seven people and is housed in one building measuring approximately 16,000 ft² in area. The facility manufactures flat and coiled springs by bending and forming metal. No heat treating, plating, welding, or painting is performed at the facility.

add additional pages as needed

add additional pages as needed

GENERATOR INDEX

CHECK THE SECTIONS AND ACTIVITIES OF THIS REPORT WHICH ARE APPLICABLE TO THE FACILITY AND COMPLETE THOSE SECTIONS FOR THIS INSPECTION.

GENERATOR WASTE MANAGEMENT PRACTICES

<u>#</u>	<u>SECTION</u>	<u>PAGE</u>
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2.	GENERATOR STATUS	8. <u>✓</u>
3.	SATELLITE STORAGE AREAS	9. <u> </u>
4.	< 90 DAY CONTAINER STORAGE AREAS	10. <u> </u>
5.	WASTE OIL USAGE	12. <u> </u>
6.	< 90 DAY ABOVE GROUND TANKS STORAGE AREAS	13. <u> </u>
7.	WASTE MANAGEMENT PRACTICES	14. <u> </u>
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9.	EXPORTING HAZARDOUS WASTE	17. <u> </u>
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SECTION 1.

WASTE DETERMINATION:

YES NO

DOES the facility generate "solid waste".

DOES the facility generate a "hazardous waste".

IS THE FACILITY CORRECTLY CLASSIFYING ITS WASTES?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

8.5(a) Generator failed to determine if its "solid waste" is hazardous?

7.4(x) Generator FAILED to properly classify its waste according to the "Hierarchy".

COMMENTS

[illegible]

SECTION 2.GENERATOR STATUS

YES NO

Does the generator generate/accumulate >100 kg
of hazardous waste (1kg acutely) or greater
than 1001 gal of listed waste oil in any
calender month?
(except x725 - 100 kg rule applies)

____ ☒

If no, does the generator wish to deactivate
his EPA ID. number?

☒ ____

IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR
REQUIREMENTS OF THIS INSPECTION REPORT?

☒ ____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

7.4(a)1 The Generator failed to have an
EPA ID number.

COMMENTS

Facility has an EPA# to dispose of USTs.

Tanks were removed & disposed in 2/92.

The facility does not generate a hazardous waste.

SATELLITE ACCUMULATION AREAS

YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 9.3(d)1 Quantity of waste EXCEEDS 55 gal.or
1 qt. of acutely hazardous waste. _____
- 9.3(d)2 Containers FAIL to:
Meet the standards of 7.2
(Container Requirements). _____
Poor or leaking container. _____
Container made of incompatible material. _____
Container not kept securely closed. _____
- 9.3(d)3 Accumulation area is:
NOT at or near a point of generation. _____
NOT under the control of the operator. _____
- 9.3(d)4 Containers are NOT marked
"Hazardous waste". _____
- 9.3(d)5 Containers NOT marked with date
when filled. _____
- 9.3(d)6 Containers were NOT moved from
satellite area within three days. _____

COMENTS

N/A

SECTION 4.

GENERATOR CONTAINER STORAGE AREAS

IS THE FACILITY IN COMPLIANCE WITH THE
GENERATOR STORAGE REGULATIONS? YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

-
- | | | |
|-------------|--|-------|
| 7.2(a) | <u>NO</u> manifest number on containers ready for disposal. | _____ |
| 7.2(b) | Containers <u>FAILED</u> to meet DOT regulations. (49CFR 171,179) | _____ |
| 9.3(a)1 | Waste <u>ACCUMULATED</u> OVER 90 DAYS. | _____ |
| 9.3(a)3 | Containers <u>NOT</u> marked with accumulation start date or "Hazardous Waste". | _____ |
| 9.4(d)1i | Containers <u>NOT</u> of adequate construction. | _____ |
| 9.4(d)1ii | Closures <u>NOT</u> of sufficient strength. | _____ |
| 9.4(d)2 | Containers <u>NOT</u> in good condition. | _____ |
| 9.4(d)3 | Containers <u>NOT</u> compatible with waste. | _____ |
| 9.4(d)4i | Containers <u>NOT</u> kept closed. | _____ |
| 9.4(d)4iii | Containers <u>NOT</u> properly handled. | _____ |
| 9.4(d)4iv | Hazardous wastes <u>NOT</u> segregated. | _____ |
| 9.4(d)4v | ID Labels <u>NOT</u> visible. | _____ |
| 9.4(d)4vi | Cleaning of empty containers does <u>NOT</u> take place in a designated area. | _____ |
| 9.4(d)4vii | Rinse waters <u>NOT</u> handled properly. | _____ |
| 9.4(d)4viii | Container reuse <u>NOT</u> in compliance with DOT regulations. | _____ |
| 9.4(d)5 | The storage area is <u>NOT</u> inspected. | _____ |
| 9.4(d)6 | Containers of ignitable and reactive wastes are <u>NOT</u> located at least 50 feet from the facility's property line. | _____ |

9.6(e) INADEQUATE aisle space.

COMMENTS :

1. The first part of the document is a list of names and their corresponding dates. The names are: John Doe, Jane Smith, and Bob Johnson. The dates are: 1990, 1991, and 1992.

2. The second part of the document is a table with two columns: Name and Date. The data is as follows:

Name	Date
John Doe	1990
Jane Smith	1991
Bob Johnson	1992

3. The third part of the document is a paragraph of text. It states that the data is accurate and that the names are listed in alphabetical order.

4. The fourth part of the document is a list of names and their corresponding dates. The names are: John Doe, Jane Smith, and Bob Johnson. The dates are: 1990, 1991, and 1992.

5. The fifth part of the document is a table with two columns: Name and Date. The data is as follows:

Name	Date
John Doe	1990
Jane Smith	1991
Bob Johnson	1992

6. The sixth part of the document is a paragraph of text. It states that the data is accurate and that the names are listed in alphabetical order.

7. The seventh part of the document is a list of names and their corresponding dates. The names are: John Doe, Jane Smith, and Bob Johnson. The dates are: 1990, 1991, and 1992.

8. The eighth part of the document is a table with two columns: Name and Date. The data is as follows:

Name	Date
John Doe	1990
Jane Smith	1991
Bob Johnson	1992

9. The ninth part of the document is a paragraph of text. It states that the data is accurate and that the names are listed in alphabetical order.

10. The tenth part of the document is a list of names and their corresponding dates. The names are: John Doe, Jane Smith, and Bob Johnson. The dates are: 1990, 1991, and 1992.

11. The eleventh part of the document is a table with two columns: Name and Date. The data is as follows:

Name	Date
John Doe	1990
Jane Smith	1991
Bob Johnson	1992

12. The twelfth part of the document is a paragraph of text. It states that the data is accurate and that the names are listed in alphabetical order.

N/A

SECTION 5

WASTE OIL

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE
WASTE OIL STORAGE REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

The generator ONLY generates or accumulates less
than 1001 gals. of waste oil per month and:

7.7(d) Generator FAILED to obtain receipts
and retain them for three years.

9.2(b) If under ground tanks are used to
store waste oil, the generator
is NOT a:

1. New commercial service
station waste oil tanks
of <1001 gal capacity*

or does NOT:

2. Use underground tanks in
existence and in use for
Hazardous Waste storage
prior to 1/17/83.

NOTE: If the generator generates over 100 kg of
hazardous waste and any listed waste oil or
generates/stores *>1001* gal of waste oil in
any given month MUST be in compliance with
ALL generator requirements.

COMMENTS:

N/A

SECTION 6.

ABOVE GROUND TANKS

	YES	NO
IS THE FACILITY IN COMPLIANCE WITH THE ABOVE GROUND <90 DAY STORAGE TANK REGULATIONS?	_____	_____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the generator stores hazardous waste in an above ground tank for <90 days, the generator FAILED to:

- | | | |
|---------|---|-------|
| 9.3(b) | Have a letter of approval? | _____ |
| 9.3(b)2 | Have overfilling controls? | _____ |
| 9.3(b)3 | Have secondary containment? | _____ |
| 9.3(b)4 | Insure that 99% of the tank can be emptied? | _____ |
| 9.3(b)5 | Empty the tank every 90 days? | _____ |
| 9.3(b)6 | Remove all wastes from the tank(s)? | _____ |
| 9.3(b)8 | If part of the tank is below grade, all of the tank cannot be visually inspected. | _____ |
| 9.3(b)9 | The tank is <u>not</u> labeled with the words "HAZARDOUS WASTE". | _____ |

COMMENTS

N/A

SECTION 7.

WASTE MANAGEMENT

	YES	NO
IS THE FACILITY IN COMPLIANCE WITH THE WASTE MANAGEMENT REGULATIONS?	_____	_____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- | | | |
|-------------------------|---|-------|
| 12.1(a) | Generator <u>IS ACTING</u> as a TSDF by: | |
| | 1. Treating hazardous waste. | _____ |
| | 2. Storing hazardous waste. | _____ |
| | 3. Disposing of hazardous waste on site? | _____ |
| 9.3(a)1 | Site <u>IS ACTING</u> as a generator but accumulating waste in containers or <u>approved</u> tanks for more than 90 days. | _____ |
| 9.2(a)2 | Hazardous waste <u>IS</u> handled in a manner which causes or may cause a spill. | _____ |
| N.J.S.A. 58:10-23.11(c) | | |
| | Discharge of a hazardous substance. | _____ |
| N.J.S.A. 58:10-23.11(e) | | |
| | Failure to report the discharge. | _____ |

IF THE FACILITY IS ACTING AS A TSDF, COMPLETE THE TSD REPORT.

COMMENTS:

GENERATOR MANIFESTS

IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR
MANIFEST REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE

- 7.4(a)3 Generator FAILED to prepare a Hazardous Waste Manifest. _____
- 7.4(a)4 Each manifest failed to have the following information: _____
- 7.4(a)4i Generator's name, mailing address (site address if different), and phone number. _____
- 7.4(a)4ii The generator's EPA ID number. _____
- 7.4(a)4iii The transporter(s) name, phone number, NJ registration and decal numbers. _____
- 7.4(a)4iv The transporter(s) EPA ID number. _____
- 7.4(a)4v The name, address and phone number of the designated TSD facility. _____
- 7.4(a)4vi The TSDF's EPA ID number. _____
- 7.4(a)4vii The proper USDOT description. _____

OR

- Complete NOS information in item J. _____
- 7.4(a)4viii Special handling instructions. _____
- 7.4(a)5i The generator signature and date. _____
- 7.4(a)5ii Transporter's signature & date. _____
- 7.4(a)5iii Generator FAILED to retain copy and forward copies to the state of origin & state of destination. _____
- 7.4(a)5v Generator FAILED to give the remaining copies to hauler. _____

- | | | |
|---------|---|-------|
| 7.4(e)2 | Generator <u>FAILED</u> to use a registered Transporter. | _____ |
| 7.4(e)3 | Generator <u>FAILED</u> to designate an authorized TSD or reuse facility. | _____ |
| 7.4(e)4 | Generator <u>FAILED</u> to utilize an authorized TSD. | _____ |
| 7.4(f) | Generator <u>FAILED</u> to maintain the following facility records for three (3) years: | |
| 7.4(f)1 | Manifests. | _____ |
| 7.4(f)2 | Annual and/or exception reports. | _____ |
| 7.4(f)3 | Generator <u>FAILED</u> to maintain records during the course of unresolved enforcement action or as requested. | _____ |
| 7.4(h)1 | Generator has <u>FAILED</u> to receive signed copies of all manifests. | _____ |
| 7.4(h)1 | Generator <u>FAILED</u> to notify the TSD or Department within 35 days. | _____ |
| 7.4(h)2 | Generator <u>FAILED</u> to file exception reports within 45 days. | _____ |

COMMENTS:

[illegible]

N/A

SECTION 9.

HAZARDOUS WASTES EXPORTATION

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE EXPORT
REQUIREMENTS OF THE REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

Generator FAILED to:

7.4(b) Notify the EPA of its intent to export. _____

Obtain acknowledgement of consent
from the receiving country. _____

7.4(c) Provide the information required in
N.J.A.C. 7:26-7.4 ET. SEQ.to the EPA. _____

7.4(c)7 Insure that the acknowledgement is
attached to each manifest. _____

7.4(c)8 Deliver a copy of the Manifest to
Customs at the point of departure? _____

7.4(g)4 Submit an annual report to the EPA? _____

COMMENTS:

SECTION 10.

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE CONTINGENCY
PLAN & EMERGENCY PROCEEDURES REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 9.7(a) NO contingency plan. _____
- 9.7(b) Generator FAILED to impliment the plan in an emergency. _____
- 9.7(c) Plan FAILED to describe the response actions facility personnel and local authorities shall take. _____
- 9.7(d) Generator FAILED to prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.

NOTE: DPCC: A schedule of regulated storage volumes and their effective dates can be found in N.J.A.C. 7:1E-4.6(b).

SPCC: Storage of any kind of oil and most oil products including gasoline and fuel oils If:

1. >660 gal single tank
2. >1,320 gal multiple tanks
3. >42,000 gal underground storage.

- 9.7(d) Generator has a DPCC or SPCC plan, and FAILED to amend that plan to incorporate hazardous waste management. _____
- 9.7(e) Plan FAILS to describe arrangements agreed to by local authorities. _____
- 9.7(f) Plan FAILS to list names, addresses, and phone numbers (office and home) of emergency coordinators. _____

- 9.7(g) Plan FAILS to include a list, location, AND CAPABILITIES of all emergency equipment. _____
- 9.7(h) Plan FAILS to describe evacuation procedures, evacuation signal(s) AND routes. _____
- 9.7(i) Generator FAILED to:
1. Keep a copy of the plan at the facility. _____
 2. Submit the contingency plan to local authorities. _____
- 9.7(j) Generator FAILED to revise the contingency plan when:
1. Applicable regulations are revised. _____
 2. The plan fails. _____
 3. The facility changes. _____
 4. The Emergency Coordinator changes. _____
 5. The emergency equipment changes. _____
- 9.7(k) Emergency coordinator NOT available. _____

COMMENTS

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them.

2. The second part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them.

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4. The fourth part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them.

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10. The tenth part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them.

N/A

SECTION 11.

PERSONNEL TRAINING

IS THE FACILITY IN COMPLIANCE WITH THE PERSONNEL TRAINING REGULATIONS? YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

-
- 9.4(g)2 Training program NOT directed by a person trained in hazardous waste management procedures and, is it NOT designed to ensure that facility personnel are able to respond effectively. _____
- 9.4(g)3 Program FAILS to include the following response procedures:
- 9.4(g)3i Use of personnel safety equipment. _____
- 9.4(g)3ii Procedures for using facility emergency and monitoring equipment. _____
- 9.4(g)3iii Key parameters for automatic waste feed cut-off systems. _____
- 9.4(g)3iv Procedures for utilizing communications or alarm systems. _____
- 9.4(g)3v Responds procedures for fires & explosions. _____
- 9.4(g)3vi Ground water contamination responds procedures. _____
- 9.4(g)3vii Shutdown procedures. _____
- 9.4(g)4 Personnel have NOT successfully completed training within six months of the date of their employment or assignment to a new position at the facility. _____
- 9.4(g)5 Personnel do NOT take part in an annual review of training. _____
- 9.4(g)6 NO written documentation of the following:
- 9.4(g)6i Job title for each position and the name of the employee filling each job. _____

94(9)6ii	A written job description.
9.4(g)6iii	Description of the training given to personnel.
9.4(g)6iv	Documentation of actual training.
9.4(g)7	Training records are <u>NOT</u> kept.
9.4(g)8	Semi-annual drills, involving all employees and local authorities are <u>NOT</u> conducted.

AND,

9.4(g) 8i Generator **FAILED** to petition the Department for an exemption from the drill requirement.

OR

9.4(g)8ii Generator FAILED to petition the Department for an exemption excluding local officials.

COMMENTS

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the situation.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources and timeline needed to complete them.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress regularly. It is important to stay flexible and make adjustments as needed.

5. The final step is to evaluate the results and determine if the objectives have been met. This involves reviewing the outcomes and identifying any lessons learned for future projects.

N/A

SECTION 12.

PREPAREDNESS AND PREVENTION

	YES	NO
IS THE FACILITY IN COMPLIANCE WITH THE PREPAREDNESS & PREVENTION REGULATIONS?	_____	_____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

9.6(b) Facility FAILS to have:

9.6(b)1 Communications or alarm system. _____

9.6(b)2 A telephone or device to summon
emergency assistance. _____

9.6(b)3 Portable emergency equipment. _____

9.6(b)4 Adequate Water supply. _____

9.6(c) Generator FAILED to test and
maintain emergency equipment. _____

9.6(f) Generator FAILED to:

9.6(f)1 Familiarize Police, fire depart-
ments, and emergency response
teams with the layout of the
facility, & hazardous waste handled. _____

9.6(f)2 Have an agreement designating
primary emergency authority to a
specific police and fire department
where more than one Police and fire
department are involved. _____

9.6(f)3 Make agreements with emergency
response contractors, and
equipment supplier. _____

9.6(f)4 Make arrangements to familiarize
local hospitals with the properties
of hazardous waste handled at the
facility and the types of injuries
result from fires, explosions,
or discharges at the facility. _____

9.6(f)5 Make arrangements with local fire
departments to inspect the
facility on a regular basis with
at least two (2) inspections
annually. _____

9.6(f)6

Document when authorities identified in (f)1 through 5 above declined to enter into such arrangements.

COMMENTS:

Blank lined paper.

N/A

SECTION 13.

WASTE WATER TREATMENT PLANT SLUDGE

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE WWTP
REQUIREMENTS? _____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the answer is YES to any of the questions listed below,
the sludge drying unit is subject to Hazardous Waste
Facility permit requirements and must be regulated as a
Miscellaneous Unit pursuant to N.J.A.C. 7:26-10.9 et seq.
The generator is operating as an illegal TSDF and SHOULD
BE CITED for being in violation of
N.J.A.C. 7:26-12.1(A).

1. "WASTE WATER TREATMENT UNIT" QUALIFICATION PER
7:14A-4.3

The drying unit is NOT part of a waste water
treatment facility which is subject to
regulation under Section 402 or Section 307(b)
of the federal Clean Water Act. _____

Note: In order to be considered "part of" the facility,
the dryer need not be physically connected to the
W.W.T. facility, but must be located at the same
site.

The drying unit does NOT treat a sludge which
is generated on-site by the wastewater treatment
facility. _____

The sludge is NOT to be treated as a regulated
hazardous waste as defined at N.J.A.C. 7:26-8. _____

The drying unit does NOT meet the definition of
a "tank" at N.J.A.C. 7:14A-4.3. _____

Note: "Tank" means a stationary device designed to
contain an accumulation of hazardous waste and
constructed of non-earthen materials which provide
the structural strength to totally contain the
waste. Dryers that are integrally equipped with
feed or discharge hoppers for treatment of sludge
in bulk satisfy the definition of "tank". Others
not so designed may still be considered tanks on a
case-by-case bases.

3. THERMAL INPUT LIMITATION:

Note: Total thermal input equals dryer heating capacity (converted to btu/min) multiplied by the maximum drying time divided by weight of sludge per batch.

COMMENTS :

Blank lined paper with horizontal ruling lines.

COMMENTS :

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DFWE 29
REV 01/12/93

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-029

HAZARDOUS WASTE MANAGEMENT FACILITY INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Eureka Spring Company, Inc

FILE NUMBER: _____

VHT FACILITY FILE NUMBER: _____

PERMIT #: _____

REGION: _____

INSPECTION DATE: September 22, 1993

INCIDENT/CASE NUMBER: _____

INSPECTION TYPE: Compliance Evaluation

RESPONSIBLE AGENCY CODE: _____

INSPECTOR'S NAME: Aaron R. Frantz

INSPECTOR'S AGENCY: CDM Federal Programs Corp.

INSPECTOR'S BUREAU: EPA Contractor

EPA ID NUMBER: NJD986623510

ADDRESS: 9-15 Manufacturers Place
Newark NJ 07105

LOT: not obtained BLOCK: not obtained

COUNTY: Essex

FACILITY PERSONNEL: Jeffrey Suckow ^{At 9/22/93} ~~part owner~~ V. President

TELEPHONE #: (201) 589-4960

OTHER STATE/EPA PERSONNEL: none

REPORT PREPARED BY: Aaron R. Frantz

REVIEWED BY: _____

DATE OF REVIEW: _____

TIME IN: 1125

TIME OUT: 1215

PHOTOS TAKEN () YES (☒) NO

IF YES, HOW MANY? _____

SAMPLE TAKEN () YES (☒) NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED () YES (☒) NO *none*

Number of manifests in compliance _____

Number of manifests not in compliance _____

List manifest document numbers of those manifests not in compliance.

SITE BACKGROUND INFORMATION

=====

EMPLOYEES: 7 DATE OPERATIONS BEGUN: 1908 8 hr SHIFTS/WEEK: 1

ACRES: 20.5 # BUILDINGS/SQft: 1 / ~11,000 SIC CODE: 3493

PRODUCTS PRODUCED: Flat & coiled springs

VOLUME PRODUCED (or \$ value): not obtained

PREVIOUS OPERATIONS AT SITE: not obtained

WATER SUPPLY: City of Newark

MONITORING WELLS (explain): one monitoring well that had been installed
exclusively for the removal of USTs. Well is still operational to monitor

SANITARY DISPOSAL: Passaic Valley

FLOOR DRAINS: none

AIR PERMITS: none

NJPDES PERMITS: none

PERMITS - OTHER: none

PREVIOUS ENFORCEMENT HISTORY (min 2 yrs):

none

TANKS ON SITE (non hazardous waste):

none

COMMENTS:

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS

Eureka Spring is a family owned business that employs seven people and is housed in one building measuring approximately 11,000 sq ft in area.

The facility manufactures flat and coil springs by bending and forming metal. No heat treating, plating, welding, or painting is performed here.

Describe the activities that result in the generation of hazardous waste.

- Facility does not generate a hazardous waste.
- EPA ID# obtained to dispose of USTs

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes).

None.

SUMMARY OF VIOLATIONS:

When making a referral, list each citation and the basis for issuing the violation (add additional pages as needed):

GENERATOR CHECKLIST

=====

GENERAL 7:26

7.4(a)1 Does the Generator have an EPA ID number? ✓

Does the generator generate/store >100 kg of hazardous waste (1kg acutely) or only >1001 gal of waste oil in any given month? (except x725 - 100 kg rule applies) ✓

If no, does the generator wish to delist? ✓

If the generator wishes to delist, do a delisting inspection.

12.1(a) Is the site ACTING as a TSDF by: (no Part A or B)

Treatment of a hazardous waste? ✓

Storage of hazardous waste in underground tanks? ✓

Hazardous wastes placed in piles or surface impoundments? ✓

Disposal of hazardous waste on site (ie landfill, injection well)? ✓

Accumulation of hazardous waste for more than 90 days? ✓

COMMENT:

9.3(a)1

Is site acting as a generator but accumulating waste (containers or approved tanks) over 90 days? ✓

COMMENT:

SOLID WASTE DETERMINATION

1.6 (b) Does the Generator produce any materials which meet the definition of a "solid waste". These would include any solid, liquid, semi-solid or contained gaseous material which has served or can no longer serve its original intended use. These materials include spent material, sludges (i.e. wastewater treatment sludge or material from air pollution control equipment), by-products, discarded commercial chemical products, scrap metals and residues?

Is material:

1. Discarded or intended to be discarded

2. Accumulated, stored or physically, chemically or biologically treated prior to, or in lieu of, being discarded

3. Burned for energy recovery

4. Applied to the land or placed on land or contained in a product that is applied or placed on the land in a manner constituting disposal

5. Recycled?

1.6(d) Does the generator process any material under toll agreement pursuant to NJAC 7:26-1.4 (such material is classified as a "solid waste").

HAZARDOUS WASTE DETERMINATION

8.5(a) Did the generator determine if its "solid waste" is hazardous?

8.5(b) Is the waste listed (or a mixture)?
If no then:

8.5(b)(1) Did the generator determine the hazardous characteristics based upon testing of the waste in accordance with 8.9-8.12?

Based on characteristics, is the waste hazardous?

8.5(b)(2) Did the generator determine the hazardous characteristics based upon knowledge of materials or process?

Based on knowledge, is the waste hazardous?

GENERATOR/TSD MANIFEST INSPECTION CHECKLIST

MANIFESTS:

Outgoing:

N.J.A.C. 7:26-

Yes No N/A

7.4(a)4, 5 - Does each outgoing manifest have the following information?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4i - Generator's name, address (site and mailing), and telephone number?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4ii - Generator's EPA ID number?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4iii - Transporter's name, telephone number, and NJDEP registration and decal numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4iv - Transporter's EPA ID number?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4v - Designated facility name, address, and telephone number?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4vi - TSF's EPA ID number?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4vii - Proper USDOT description (proper shipping name, hazard class, ID number, quantity, waste code)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4vii - Complete NOS description in Section J, where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(h) - Exception report requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)5i - Generator's signature for manifest certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4viii - Generator's name and date for manifest certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)5ii - Transporter's signature and date acknowledging receipt?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.4(a)4viii - Printed name of transporter acknowledging receipt?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Total number of outgoing manifests reviewed:

Incoming - United States
N.J.A.C. 7:26-7.6(a)2

Does each incoming manifest (from United States) have the following information?

Generator's name, address (site and mailing), telephone number, EPA ID number, signature and date?

[] [] [✓]

Transporter's name, telephone number, NJDEP registration and decal numbers, signature and date?

[] [] [✓]

Designated facility name, address, telephone number, and EPA ID number?

[] [] [✓]

Proper USDOT description of waste (proper shipping name, hazard class, ID number, quantity, waste code)?

[] [] [✓]

Complete NOS description in Section J, where applicable?

[] [] [✓]

Manifest Document Number?

[] [] []

N.J.A.C. 7:26-7.6(b)

Yes No N/A

Did facility sign and date each manifest?

[] [] [✓]

Total number of incoming (from United States) manifests reviewed:

Incoming - Canada
N.J.A.C. 7:26-7.4(b)

Does each incoming manifest (from Canada) have the following information?

Transporter name, telephone number, NJDEP registration and decal numbers, signature and date?

[] [] [✓]

Designated facility name, address, telephone number, and EPA ID number?

[] [] [✓]

Proper USDOT description of waste (proper shipping name, hazard class, ID number, quantity, waste code)?

[] [] [✓]

Complete NOS description in Section J, where applicable?

[] [] [✓]

Manifest Document Number?

[] [] [✓]

N.J.A.C. 7:26-

7.6(b) - Did facility sign and date each manifest?

[] [] [✓]

7.6(c)1 - Generator's name, address, U.S. importer's name, address and EPA ID number?

[] [] [✓]

7.6(c)2 - U.S. importer's agent signature and date?

[] [] [✓]

Total number of incoming (from Canada) manifests reviewed:

WASTE OIL

*Does the generator ONLY generate X722 waste oil
in any amount? or.*

Does the generator ONLY generate or store (in
above ground tanks or drums) less than 1001
gal of only waste oil (except X725 for which 100 kg
rule applies) per month?

7.7(d) If yes, are receipts (or manifests)
obtained from registered hauler and
retained for 3 yrs?
(check quantities on receipts)

Note: No other HW regs apply * unless the
storage of the X722 waste exceeds 1,000 gal:
or unless the waste oil is also a
federal (RCRA) hazardous waste.*

Does the generator generate over 100 kg of
hazardous waste (or 1 kg if acutely hazardous)
and any listed waste oil or generate/store
>1000 gal of waste oil in any given month?

If yes, the generator must be in
compliance with:
(use appropriate checklist section)

Manifests requirements (7.4)

Labeling and Container requirements
[9.4(d), 7.2(a)&(b), 9.3(a)3, 9.6(e)]

*Documentary Requirements
[9.4(g), 9.6, 9.7]*

Satellite Regs [9.3(d)]

WASTE OIL TANKS:

Is there above ground > 1001 gal total capacity
(which includes drums) but <90 day storage?
[Use TANKS (above ground, less than 90 day storage)
section in checklist 9.3(b)]

If yes, does the generator have a letter of
approval from HWENG?

And is the generator in compliance with other
requirements for less than 90 day storage of
HW in above ground tanks [9.3(b)]?

Is there above ground > 1001 gal total capacity,
and >90 day storage? _____

If yes, is the generator: _____

12.1(a) Acting as TSDF? _____

9.3(a)1 Acting as a Generator? _____

Does the generator store waste oil in underground tanks? _____

If yes, refer to TANKS (underground) section
in checklist [9.2(b)].

Note: The only exceptions to the
underground tank prohibition are:

- A) *New commercial service station waste oil
tanks of <1001 gal capacity*
- B) Underground tanks in existence and in use
for HW storage prior to 1/17/83.

EP7/slw

DOCUMENT: SHOTWELL
FOLDER: SLWMCB

YES NO N/A

8.5(c)

If the waste is not listed or hazardous based on characteristics, has the Department requested the generator to submit a plan analyzing for the presence of hazardous waste constituents (8.16)?

_____/

If yes:

Has the generator submitted the plan in a timely manner?

_____/

Has the generator conducted the approved plan and submitted the results?

_____/

Based on constituents, is the waste hazardous?

_____/

8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept three years (in operating log) from the date that the waste was last sent to an on-site or off-site TSD?

_____/

G-8

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- () Containers
- () Tanks (greater than 90 days)
(complete HWMF (TSD) Facility Checklist)
- () Tanks (less than 90 days)
- () Above ground
- () Below ground
- () Surface impoundments
(complete HWMF (TSD) Facility Checklist)
- () Piles (complete HWMF checklist)

N/A

YES NO N/A

7:26-9.3(a)1

Is waste accumulated for more than 90 days?

_____/

YES NO N/A

7:26-9.4(b)	Waste Analysis			
7:26-9.4(b)11	Is there a detailed chemical and physical analysis of a representative sample of the waste(s) or each waste? (At a minimum, this analysis must contain all the information necessary for proper treatment storage or disposal of the waste).	—	—	—
7:26-9.4(b)1111	Does the character of the waste handled at the facility change from day to day, week to week, etc., thus requiring frequent testing? Check only one:	—	—	—
	Waste characteristics vary: _____			
	All waste(s) are basically the same: _____			
	Company treats all waste(s) as hazardous: _____			
7:26-9.4(b)2	Is there a written waste analysis plan at the facility?	—	—	—
	Does it contain:			
7:26-9.4(2)1	Parameters for which each hazardous waste stream will be analyzed including constituents listed in NJAC 7:26-8.16 and the rationale for the selection of these parameters?	—	—	—
7:26-9.4(b)211	The test methods which will be used to test for these parameters?	—	—	—
7:26-9.4(b)2111	The sampling method which will be used to obtain a representative sample of the waste to be analyzed?	—	—	—
7:26-9.4(b)21v	The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date?	—	—	—
7:26-9.4(b)2v	For off-site facilities, the waste analysis that hazardous waste generators have agreed to supply?	—	—	—
7:26-9.4(b)2v11	Procedures which will be used to identify changes in waste stream characteristics?	—	—	—
	Does hazardous waste come to this facility from an outside source? (e.g., another generator).	—	—	—
	If yes, list the name(s) of generators.			

YES NO N/A

7:26-9.4(b)4	If waste comes from an outside source, are there procedures in the waste analysis plan to insure that waste received conforms to the accompanying manifest?	—	—	✓
	Does the plan describe:			
7:26-9.4(b)41	The procedures which will be used to determine the identity of each shipment of waste managed at the facility?	—	—	—
7:26-9.4(b)411	The sampling method which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling?	—	—	—
7:26-9.4(c)1	Did the facility accept hazardous waste which it is not authorized to handle?	—	—	—
7:26-9.4(i)	Are all records and results of waste analysis performed pursuant to NJAC 7:26-9.4(b) and 9.4(e) as applicable written in the operating log?	—	—	—
7:26-9.4(h)	<u>Security</u>			
	Does the facility have:			
7:26-9.4(h)11	A 24 hour surveillance system which continuously monitors and controls entry onto the active portion of the facility?	—	—	—
7:26-9.4(h)111	An artificial or natural barrier, which completely surrounds the active portion of the facility; and a means to control entry, at all times, through the gates or other entrances to the active portion of the facility?	—	—	—
7:26-9.4(h)3	Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?	—	—	✓
	If no, explain what measures are taken for security.			

YES NO N/A

7:26-9.4(f)

General Inspection Requirements

7:26-9.4(f)1

Does the owner or operator inspect the facility for malfunctions and deterioration, operator errors and discharges which may be causing, or may lead to:

7:26-9.4(f)11

Discharge of hazardous waste constituents to the environment?

7:26-9.4(f)111

A threat to human health?

7:26-9.4(f)3

Has the owner or operator developed, and does the owner or operator follow a written schedule for inspecting monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are utilized for the prevention, detection or response to environmental or human health?

7:26-9.4(f)31

Did the owner or operator submit the written inspection schedule to the department?

If yes, when was it submitted?

7:26-9.4(f)31i1

Is the written inspection schedule kept at the facility?

7:26-9.4(f)31v

Does the schedule identify the types of problems to be looked for during the inspection?

7:26-9.4(f)3v

Does the schedule include the frequency of inspection, based upon the rate of possible deterioration of the equipment and the probability of an environmental, or human health incident if the deterioration or malfunctions or any operator error goes undetected between inspections?

7:26-9.4(f)5

Is there evidence that problems reported in the inspection log have not been remedied?

7:26-9.4(f)6

Does the owner/operator record inspections in a log?

YES NO N/A

7:26-9.4(f)6	Are these records kept for at least three (3) years from the date of inspection?	—	—	—
7:26-9.4(f)6	Does the records include the date, and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial action?	—	—	—
7:26-9.4(g)	<u>Personnel Training</u> Have facility personnel successfully completed a program of classroom instruction or on-the-job training within six months of having been employed?	—	—	—
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	—	—	—
7:26-9.4(g)5	If yes, have facility personnel taken part in an annual review of training? Is there written documentation of the following:	—	—	—
7:26-9.4(g)61	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	—	—	—
7:26-9.4(g)611	A written job description for each position related to hazardous waste management?	—	—	—
7:26-9.4(g)6111	A written description of the type and amount of both introductory and continuing training given to personnel in jobs related to hazardous waste management?	—	—	—
7:26-9.4(g)61v	Documentation of actual training or experience received by personnel?	—	—	—

YES NO N/A

7:26-9.4(g)7

Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?

7:26-9.4(g)8

Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?

7:26-9.6

Preparedness and Prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

7:26-9.6(b)1

An internal communications or alarm system?

7:26-9.6(b)2

A telephone or other device to summon emergency assistance from local authorities?

7:26-9.6(b)3

Portable fire equipment, spill control equipment, and decontamination equipment?

7:26-9.6(b)4

Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?

7:26-9.6(c)

Is equipment tested and maintained?

7:26-9.6(d)1

Is there immediate access to communications or alarm systems during handling of hazardous waste?

7:26-9.6(e)

Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?

If no, please explain.

YES NO N/A

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

— — —

Explain.

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type of waste handled on site?

— — —

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?

— — —

7:26-9.6(f)2

Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?

— — —

7:26-9.6(f)3

Agreements with emergency response contractors, and equipment suppliers?

— — —

7:26-9.6(f)4

Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?

— — —

7:26-9.6(f)5

Arrangements with local fire departments to inspect the facility on a regular basis with at least two inspections annually?

— — —

7:26-9.7

Contingency Plan and Emergency Procedures

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?

— — —

YES NO N/A

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

— — —

7:26-9.7(c)

Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

— — —

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with NJAC 7:1E-4.1 et seq.?

— — —

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

— — —

7:26-9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams to coordinate emergency services?

— — —

7:26-9.7(f)

Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up-to-date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall assume responsibility as alternates?

— — —

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?

Is a copy of the contingency plan
and all revisions to the plan:

1. Maintained at the facility; and
2. Has the contingency plan been submitted to local authorities (police, fire departments, emergency response teams)?

Is there at least one employee on site or on call with the responsibility of coordinating all emergency response measures?

Closure Plan

Does the facility have a written closure plan?

Does the owner/operator keep a written copy of the closure plan and all revisions to the plan at the facility?

If yes, does the plan include:

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.8(e)11	A description of how and when the facility will be partially closed (if applicable) and ultimately closed?	—	—	—
7:26-9.8(e)111	The maximum extent of the operation which will be open during the life of the facility?	—	—	—
7:26-9.8(e)2	An estimate of the maximum inventory of wastes in storage or in treatment at any given time during the life of the facility?	—	—	—
7:26-9.8(e)3	A description of the steps needed to decontamination facility equipment during closure?	—	—	—
7:26-9.8(e)4	A schedule for final closure including the anticipated date when the wastes will no longer be received, the date when completion of final closure is anticipated, and intervening milestone dates which will allow tracking of the progress of closure?	—	—	—
	<u>Post Closure Plan</u>			
7:26-9.9(g)	Does the facility have a written post-closure plan kept at the facility?	—	—	—
	If yes, does the plan:			
7:26-9.9(1)	Identify the activities which will be carried on after closure and the frequency of these activities?	—	—	—
7:26-9.9(1)1	Include a description of the planned ground water monitoring activities and frequencies at which they will be performed?	—	—	—
7:26-9.9(1)2	Include a description of the planned maintenance activities, and frequency at which they will be performed, to insure the following:	—	—	—
7:26-9.9(1)21	The integrity of the cap and final cover or other containment structures where applicable?	—	—	—
7:26-9.9(1)211	Describe the function of the facility monitoring equipment?	—	—	—

YES NO N/A

7:26-9.9(1)3

Include the name, address and phone number of a person or office to contact about the disposal facility during the post-closure period?

Does the owner/operator have a written estimate of the cost of post-closure for the facility?

If yes, what is it?

Please circle all appropriate activities and answer questions in appropriate sections all activities circled.

Storage	Treatment	Disposal
Container	Tank	Landfill
Tank, Above Ground	Surface Impoundments	
Tank, Below Ground	Incineration	Surface Impoundments
Surface Impoundments	Thermal Treatment	Other _____

Waste Piles

Other _____ Chemical, Physical and Biological Treatment

Other _____

7:26-9.4(d)

Containers

What type of containers are used for storage? Describe the size, type, quantity and nature of wastes (e.g., 12 fifty-five gallon drums of waste acetone).

7:26-9.4(d)11

Do the containers appear to be of sturdy leakproof construction of adequate wall thickness, weld, hinge and seam strength, and of sufficient material strength to withstand side and bottom shock, while filled, without impairment of the container's ability to contain hazardous waste?

If no, explain.

YES NO N/A

7:26-9.4(d)1ii

Are the lids, caps, hinges or other closure devices of sufficient strength that when closed, they will withstand dropping, overturning or other shock without impairment of the container's ability to contain hazardous waste?

If no, explain.

7:26-9.4(d)2

Do the containers appear to be in good condition, not in danger of leaking?

7:26-9.4(d)2

If not, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.

7:26-9.4(d)3

Are hazardous wastes stored in containers made of compatible materials?

7:26-9.4(d)4i

Are all containers securely closed, except those in use, so that there is no escape of hazardous waste or its vapors?

If no, explain.

7:26-9.4(d)4iii

Do containers appear to be properly opened, handled or stored in a manner which will minimize the risk of the container rupturing or leaking?

If no, explain.

7:26-9.4(d)4iv

Are containerized hazardous wastes segregated in storage by waste type?

7:26-9.4(d)4v

Are containerized hazardous wastes arranged so that their identification label is visible?

7:26-9.4(d)5

Does the owner/operator inspect the container storage area at least daily, looking for leaks and for deterioration caused by corrosion or other factors?

7:26-9.4(d)6

Are containers holding ignitable and reactive waste located at least 50 feet (15 meters) away from the facility's property line?

		YES	NO	N/A
7:26-9.4(d)71	Are incompatible wastes, or incompatible wastes and materials placed in the same container?			
	If yes, explain.			
7:26-9.4(d)711	Are hazardous wastes placed in unwashed containers that previously held incompatible wastes?			
	If yes, explain.			
7:26-9.4(d)7111	Are containers holding hazardous waste that are incompatible with any waste or other materials stored nearby in other containers, open tanks, or surface impoundments separated from the other materials or protected from them by means of a dike, berm, wall or other device?			
7:26-9.4(e)11	Are ignitable, reactive or incompatible wastes protected from sources of ignition or reaction?			
	If no, explain.			
7:26-9.4(e)111	Does the owner/operator confine smoking and open flames to specially designated locations when ignitable or reactive wastes are being handled?			
	If no, explain.			
7:26-9.4(e)1111	Does the owner/operator conspicuously place "No Smoking" signs whenever there is a hazard from ignitable or reactive waste?			
	If the treatment, storage or disposal of ignitable or reactive waste, and the mixture of incompatible wastes and materials, conducted so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?			
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health.			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4(e)2iii	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	/
7:26-9.4(e)2iv	Damage the structural integrity of the device or facility containing the waste?	—	—	—
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	—
7:26-11.2	<u>Tanks</u>			
	What are the approximate number and size of tanks containing hazardous waste?	—	—	—
	Identify the waste treated/stored in each tank.			
	<u>General Operating Requirements</u>			
7:26-11.2(a)2	Are hazardous wastes or treatment reagents placed in the tank that could cause the tank or its inner liner to rupture, leak or corrode?	—	—	—
	If yes, please explain.			
	Are there leaking tanks?	—	—	—
7:26-11.2(a)2	Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger of ruptures, corrosion, leaks or other failures?	—	—	—
7:26-11.2(3)	Do uncovered tanks have at least two feet of freeboard or an adequate containment structure?	—	—	—
7:26-11.2(a)4	If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?	—	—	—
7:26-11.2(c)	<u>Inspections</u>			
	Is the tank(s) inspected for:			
	1. Discharge control equipment (each operating day).	—	—	/

YES NO N/A

2. Monitoring equipment (each operating day). — — /
3. Level of waste in tank (each operating day). — — —
4. Construction of materials of the tank (weekly). — — —
5. Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures (weekly)? — — —
- 7:26-11.2(e) Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? — — —
- If no, please explain.
- 7:26-11.2(f) Does it appear that incompatible wastes are being stored separate from each other? — — —
- 7:26-9.2(b) Are there underground tanks used to store hazardous waste? — — —
- If yes, how many and can they be entered for inspection? — — —
- Has the underground tank been in use on or before November 19, 1980? Specify Date. — — —
- If no, when was the tank placed in use? — — —
- 7:26-9.2(b)31 Does the facility have a ground water monitoring plan approved by the department? — — —
- 7:26-9.2(b)311 Is the use of the tank specified to the manufacturers recommended lifetime? — — /

7:26-11.3

Surface Impoundments

Describe the design and operating features of the surface impoundment to prevent ground water contamination (e.g., liner leachate collection system).

Give the approximate size of surface impoundments (gallons or cubic feet). Please specify the types of waste stored and treated.

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.3(a)	Is there at least two feet of freeboard in the impoundment?	—	—	—
7:26-11.3(b)	Do all earthen dikes have a protective cover to preserve their structural integrity?	—	—	—
	If yes, please specify the type of covering.			
7:26-9.4(c)1	Does the owner/operator have a detailed chemical and physical analysis of a representative sample of the waste in the impoundment?	—	—	—
7:26-9.4(1)	Does the owner/operator place the results from each waste analysis and trial test, or the documented information, in the operating record of the facility?	—	—	—
7:26-11.3(d)	Does the owner or operator inspect:			
7:26-11.3(d)1	The freeboard level at least once each operating day to ensure compliance with subsection 11.3(a)?	—	—	—
7:26-11.3(d)2	The surface impoundment, including dikes and vegetation surrounding the dike, at least once a week to detect any leaks, deterioration or failures in the impoundment?	—	—	—
7:26-11.3(f)	Is ignitable or reactive waste placed in the surface impoundment?	—	—	—
7:26-11.3(f)1	If yes, is the waste treated, rendered, or mixed before or immediately after placement in the impoundment?	—	—	—
7:26-11.3(f)1i	Does the resulting waste, mixture, or dissolution of material no longer meet the definition of ignitable or reactive waste?	—	—	—

YES NO N/A

7:26-11.3(f)111	Is the waste treated, rendered or mixed so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	✓
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	—
7:26-9.4(e)2111	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	—
7:26-9.4(e)21v	Damage the structural integrity of the device or facility containing the waste?	—	—	—
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	—
7:26-11.3(f)2	Is the surface impoundment used solely for emergencies?	—	—	—
7:26-11.3(g)	Are incompatible wastes, or incompatible wastes and materials placed in the same surface impoundment?	—	—	—
	If yes, is the waste managed so that it does not:			
7:26-9.4(e)21	Generate extreme heat or pressure, fire or explosion, or violent reaction?	—	—	—
7:26-9.4(e)211	Produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?	—	—	—
7:26-9.4(e)2111	Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion?	—	—	—
7:26-9.4(e)21v	Damage the structural integrity of the device or facility containing the waste?	—	—	—
7:26-9.4(e)2v	Threaten human health or the environment?	—	—	—
7:26-11.4	<u>Landfills</u>			
	Identify the types of waste and size of the landfill.			
	<u>General Operating Requirements</u>			
7:26-11.4(a)1	Is run-on diverted away from all portions of the landfill?	—	—	✓

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.4(a)2	Is runoff from active portions of the landfill collected?			<input checked="" type="checkbox"/>
7:26-11.4(a)3	Is waste which is subject to wind dispersal controlled?			
	Please explain how.			
7:26-11.4(a)4	Does waste disposal or the disposal operation occur within 200 feet (60.6 meters) of the property boundary?			
7:26-11.4(a)6	Are untreated, ignitable, or reactive wastes placed in the landfill?			
	If yes, explain.			
7:26-11.4(a)7	Are incompatible wastes, or incompatible wastes and materials placed in the same hazardous waste landfill cell?			
	If yes, explain.			
7:26-11.4(a)8	Are bulk or non-containerized liquid waste or waste containing free liquids placed in a hazardous waste landfill?			
	If yes:			
7:26-11.4(a)8i	Does the hazardous waste landfill have a liner which is chemically and physically resistant to the added liquid and a functioning leachate collection and removal system with a capacity sufficient to remove all leachate produced?			
7:26-11.4(a)8ii	Before disposal, is the liquid waste or waste containing free liquids treated or stabilized, chemically or physically, so that free liquids are no longer present?			
7:26-11.4(a)9	Are containers holding liquid waste or waste containing free liquids placed in a hazardous waste landfill?			
	If yes:			
7:26-11.4(a)9i	Is the container designed to hold liquids or free liquids for a use other than storage, such as a battery?			<input checked="" type="checkbox"/>

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.4(a)911	Is the container very small, such as an ampule?	—	—	/
7:26-11.4(a)10	Are empty containers crushed flat, shredded, or similarly reduced in volume before it is buried beneath the surface of a hazardous waste landfill?	—	—	—
7:26-11.4(a)11	Does the owner or operator of a hazardous waste landfill continue to dispose of hazardous wastes subsequent to the detection of any liquid, in the secondary collection system?	—	—	—
7:26-11.4(b)	Does the owner or operator of a hazardous waste landfill maintain an operating record required in NJAC 7:26-9.4(1)?	—	—	—
7:26-11.4(b)1	Does the owner/operator maintain a map, the exact location and dimensions, including depth of each cell with respect to permanently surveyed bench marks?	—	—	—
7:26-11.4(b)2	The contents of each cell and the appropriate location of each hazardous waste type within each cell?	—	—	—
	Are containers holding liquid waste or waste containing free liquids placed in the landfill?	—	—	—
	Please describe the types and contents of such containers placed in the landfill.			
	Are empty containers placed in the landfill crushed flat, shredded or similarly reduced in volume before they are buried?	—	—	—
	Are small containers of hazardous waste in overpacked drums placed in the landfill?	—	—	/
	If yes, please describe precautions taken to prevent the release of the waste.			
7:26-11.5	<u>Incinerator</u>			
	What type of incinerator is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.).			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
	Is the residue from the incinerator a hazardous waste?	—	—	—
	What types of air pollution control devices (if any) are installed in the incinerator unit?	—	—	—
	Is energy recovered from the process?	—	—	—
	If yes, describe.	—	—	—
	What is the destruction and removal efficiency for the organic hazardous waste constituents?	—	—	—
7:26-11.5(b)1	Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:	—	—	—
7:26-11.5(b)11	Heating value of the waste?	—	—	—
7:26-11.5(b)111	Halogen and sulfur content?	—	—	—
7:26-11.5(b)1111	Concentrations of lead and mercury?	—	—	—
7:26-11.5(2)	If no to any of the above questions, is there justification and documentation?	—	—	—
	If operating, does it appear the incinerator is operating at steady state for conditions of operation, including temperature and air flow?	—	—	—
	<u>Monitoring and Inspection</u>			
7:26-11.5(c)1	Are existing instruments relating to combustion and emission controls monitored every 15 minutes?	—	—	—
	If no, explain.	—	—	—
7:26-11.5(c)1	Does the incinerator have all the following instruments for measuring: Wastefeed, auxiliary fuel feed air flow, incinerator temperature scrubber flow, and scrubber pH? (Circle Missing Instruments).	—	—	—
	If no, explain.	—	—	—
7:26-11.5(c)2	Is the stack plume observed visually at least hourly for opacity and color?	—	—	—

YES NO N/A

7:26-11.5(c)3	Are there any signs of leaks, spill and fugitive emission associated with the pumps, valves, conveyors, pipes, etc.?	—	—	—
	If yes, describe.			
7:26-11.5(c)3	Are all emergency shutdown controls and system alarms checked to assure proper operation?	—	—	—
	Is there any reason to believe the incinerator is being operated improperly? i.e., steady state conditions are not maintained.	—	—	—
	If yes, explain.			
7:26-11.5(c)3	Is the incinerator inspected daily?	—	—	—
7:26-11.6	<u>Thermal Treatment</u>			
	What type of thermal treatment is at the site (e.g., waterwall incinerator, boiler, fluidized bed, etc.).			
	List the types and quantities of hazardous waste thermally treated.			
	Is the residue from the thermal treatment unit a hazardous waste?	—	—	—
	What types of air pollution control devices (if any) are installed in the thermal treatment unit?			
	Is energy recovered from the process?	—	—	—
	If yes, describe.			
	What is the destruction and removal efficiency for the organic hazardous waste constituents?			
7:26-11.6(b)1	Does the operating record include additional analysis and to determine types of pollutants which might be emitted including:			
7:26-11.6(b)11	Heating value of the waste?	—	—	—
7:26-11.6(b)111	Halogen and sulfur content?	—	—	—
7:26-11.6(b)1111	Concentrations of lead and mercury?	—	—	—

YES NO N/A

7:26-11.6(2)

If no to any of the above questions,
is there justification and documentation?

If operating, does it appear the
thermal treatment unit is operating
at steady state for conditions of
operation, including temperature
and air flow?

Monitoring and Inspection

Are existing instruments relating to
combustion and emission controls
monitored every 15 minutes?

If no, explain.

7:26-11.6(c)1

Does the thermal treatment have all
the following instruments for
measuring: Wastefeed, auxiliary
fuel feed air flow, incinerator
temperature scrubber flow, and
scrubber pH? (Circle Missing
Instruments).

If no, explain.

7:26-11.6(c)2

Is the stack plume observed visually
at least hourly for opacity and color?

7:26-11.6(c)3

Are there any signs of leaks, spills
and fugitive emission associated with
the pumps, valves, conveyors, pipes, etc?

If yes, describe.

7:26-11.6(c)3

Are all emergency shutdown controls
and system alarms checked to assure
proper operation?

Is there any reason to believe the
thermal treatment unit is being
operated improperly? i.e., steady
state conditions are not maintained.

If yes, explain.

7:26-11.6(c)3

Is the thermal treatment inspected daily?

7:26-11.6(e)

Is there open burning of hazardous waste?

If yes, what is being burned? (Only
burning or detonation of explosives is
permitted).

YES NO N/A

If open burning or detonation of explosives is taking place, approximately what is the distance from the open burning or detonation to the property of others?

7:26-11.7

Chemical, Physical and Biological Treatment

(Other than in tanks, surface impoundments or plant treatment facilities).

Describe the treatment system at this facility and the types of wastes treated.

7:26-11.7(a)2

Does the treatment process system show any signs or ruptures, leaks or corrosion?

If yes, describe.

7:26-11.7(a)3

Is there a means to stop the inflow of continuously fed hazardous wastes?

Inspections

7:26-11.7(c)1

Is the discharge control safety equipment (e.g., waste feed cut-off systems, bypass systems, drainage systems and pressure relief systems) in good working order?

7:26-11.7(c)1

Are they inspected at least once each operation day?

7:26-11.7(c)2

Does the data gathered from the monitoring equipment (e.g., pressure and temperature gauges) show treatment process is operating according to design?

7:26-11.7(c)2

Is data gathered at least once each operating day?

7:26-11.7(c)3

Are construction materials of the treatment process inspected at least weekly to detect corrosion or leaking of fixtures and seams?

7:26-11.7(c)4

Are the discharge confinement structures (e.g., dikes) immediately surrounding the treatment unit inspected at least weekly to detect erosion or obvious signs of leakage (e.g., wet spots or dead vegetation).

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-11.7(e)1	Are ignitable or reactive waste fed into the waste treatment system treated or protected from any material or conditions which may cause it to ignite or react?			/
	If yes, explain how.			
7:26-11.7(f)	Are the incompatible wastes placed in the same treatment process?			
	If yes, please explain.			
7:14A-6	<u>Ground Water Monitoring</u> (Applies only to: Surface impoundments, landfills, land disposal facilities).			
7:14A-6.2	Does the owner/operator have a ground water monitoring plan approved by the department and capable of determining the facility's impact on the quality of ground water?			
	If no, please explain.			
	How many monitoring wells has the facility installed?			
	What is the depth to ground water?			
	How many deep monitoring wells are on site? (Indicate depth of monitoring wells).			
	How many shallow monitoring wells are on site? (Indicate depth of monitoring wells).			
7:14A-6.3(a)	Is the ground water monitoring system capable of yielding ground water samples for analysis?			
	If no, please explain.			
7:14A-6.3(a)1	Are monitoring wells installed hydraulically upgradient?			/
	If yes, specify how many and the depth of each.			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:14A-6.3(a)2	How many monitoring wells are installed hydraulically downgradient?	—	—	—
	If yes, specify how many and the depth of each.			
7:14A-6.4(a)	Does the owner/operator have a ground water sampling and analysis plan?	—	—	—
	If no, please explain.			
7:14A-6.4(a)	Does the plan include procedures and techniques for:			
	1. Sample Collection	—	—	—
	2. Sample Preservation and Shipment	—	—	—
	3. Analytical Procedures	—	—	—
	4. Chain of Custody	—	—	—
	List the types and quantities of hazardous waste incinerated.			
7:26-9.4(b)3	Did the owner or operator submit the waste analysis plan to the Department?	—	—	—
	If yes, when was the plan submitted?			

INSPECTOR'S MULTI-MEDIA CHECKLIST

Facility Name: Eureka Spring Company, Inc.

Facility Address: 9-15 Manufacturers Place
Newark, NJ 07105

Facility ID No.: NTD986623510

Inspector's Name: Aaron R. Frantz - COM Federal Programs Corp.

Inspector's Phone: (215) 293-0450 Division/Branch: EPA Contractor

Date of Inspection: September 22, 1993

INSPECTORS' MULTI-MEDIA CHECKLIST

GENERAL VISUAL CUES OF POSSIBLE NONCOMPLIANCE WARRANTING FURTHER INQUIRY

1. Sloppy housekeeping or poor maintenance in work and storage areas or laboratories.
2. Stains or discoloration of soil, concrete, or floors in work areas.
3. Distressed vegetation - unhealthy, discolored, or dead.
4. Dark smoke or dust clouds, or smoke coming from other than a smoke stack.
5. Unusual odors or strong chemical smells.
6. Sheen on surface waters.

CHECK IT OUT!

1. If you see or hear something suspicious during an inspection, check it out! Ask probing questions:
 - What is it? Is it a waste product?
 - What process produced it?
 - Has it been tested?
 - Where do you normally dispose of it?
 - Do you have a permit for the disposal?
 - How long has the circumstance existed?
 - When did it begin?
2. Pay attention to the situation.
 - Note amount of pollutant that appears to be involved.
 - Note the location.
 - Take notes describing the situation, noting the source of the pollutant and its emission point.
 - Take photographs.

PROGRAM-SPECIFIC QUESTIONS

Refer to program-specific questions in Attachment A appropriate for the facility you are inspecting.

REPORTING POSSIBLE NONCOMPLIANCE

Throughout this checklist, there are YES/NO questions. If you place an answer in a field marked with an asterisk (*), this means you should promptly refer the matter to the appropriate Region II program office. After you return from your inspection, immediately let your supervisor know that you observed possible noncompliance in another program area during your inspection. The information should then be referred to the appropriate Section Chief listed on Attachment B.

ATTACHMENT A - FOLLOW-UP QUESTIONS**RCRA**

If the facility has a RCRA permit or "interim status" as a treatment, storage or disposal facility (TSDF), do not complete this form but enter the facility's EPA ID number here _____.

Ask:

1. A. Has the facility determined that it generates hazardous waste? *Facility obtained an EPA ID# to dispose of removed US75.* _____ YES _____ ☒ NO

If NO, skip Questions 2 to 8 and go to Question 9. If YES continue:

- B. If the facility generates or transports hazardous waste, what is its EPA ID Number? _____

[If the facility cannot produce an ID Number, *REFER*.]

2. A. Are there containers or tanks which hold hazardous waste? _____ YES _____ NO

If NO, go to Question # 3. If YES, continue:

- B. Are the containers and/or tanks clearly marked with the words "Hazardous Waste," and are they marked with the accumulation start date? _____ YES _____ NO*
- C. Do hazardous waste storage tanks have secondary containment systems (i.e., berm, vault, double wall tank)? _____ YES _____ NO*
- D. Does the facility store hazardous waste in containers or tanks for longer than 90 days? _____ YES* _____ NO

3. Does the facility store, treat or dispose of hazardous waste in lagoons, pits, piles or landfills? _____ YES* _____ NO

4. Does the facility treat hazardous waste by incineration, precipitation, neutralization or other means to change the physical or chemical nature of the waste? _____ YES* _____ NO

5. Does the facility accept hazardous waste for treatment, storage or disposal from off-site locations (including off-site facilities owned by the same company)? _____ YES* _____ NO

6. Does the facility maintain copies of hazardous waste manifests on-site? _____ YES _____ NO*

RCRA, Continued

7. Are there any indications that hazardous waste storage or treatment units (i.e., containers or tanks) are poorly maintained and may cause the release of hazardous waste to the environment? ☐ YES* ☐ NO
8. Are there any indications that chemicals or wastes have been discharged to the environment through improper handling, leaks, spills, dumping or other discharges? ☐ YES* ☒ NO
9. A. Does the facility claim to generate non-hazardous process wastes (i.e., excluding office paper wastes, cafeteria wastes, etc.)? ☐ YES* ☒ NO

If NO, go to Question 10. If YES continue:

- B. What type of non-hazardous wastes does the facility handle? (E.g., treatment sludges, ash, solvents, waste oils, etc.)

- C. Very briefly describe the process(es) that generate the wastes in Question 9B.

10. Are there any indications that waste generation, handling, management or disposal practices have resulted in environmental damage or pose the threat of such damage? ☐ YES* ☒ NO

REFER to program office if you check an answer marked with *.

UNDERGROUND STORAGE TANKS (UST)

Ask:

1. Does the facility have regulated USTs? ☐ YES ☒ NO

[A regulated UST has more than 10% of tank volume, including piping, located underground; and contains petroleum products or hazardous substances (as defined under CERCLA). Note: USTs containing fuel oil for on-site heating are exempt from UST requirements.]

If YES, ask:

2. Are the USTs registered with the State? ☐ YES ☐ NO*
3. What kind of petroleum product or hazardous substance does UST contain? _____
4. Is there any evidence of UST leakage/spillage? ☐ YES* ☐ NO
5. When was the UST installed? _____
6. All USTs must have leak detection according to the following schedule:

<u>Installation Date</u>	<u>Leak Detection By December of--</u>
Before 1965 or unknown	1989
1965 - 1969	1990
1970 - 1974	1991
1975 - 1979	1992
1980 - Dec. 1988	1993

All USTs installed after December 1988 must currently be equipped with leak detection.

Leak detection systems include monitoring wells (water or vapor), automatic tank gauging system, interstitial monitoring, manual tank gauging or inventory control plus tank tightness testing.

7. Is some form of leak detection in use for every UST required (based on above schedule) to have it? ☐ YES ☐ NO*
8. Are required records available on-site (e.g., documenting registration and leak detection)? ☐ YES ☐ NO*

REFER to program office if you check an answer marked with *.

AIR

Stationary Source Compliance

1. With sun BEHIND you, observe: Is opaque smoke being emitted from a smokestack, vent or opening? ___YES* N___NO
 ["Opaque smoke" is smoke -- not steam -- dark enough to obscure anything behind the plume for five minutes or more. (Steam dissipates at a given point; smoke trails off.) The sun (if not obscured by clouds) should be in a 140' arc behind the observer. Please note whether sun was obscured; if sun was not obscured, note the relative positions of the sun, the observer and the emission point observed.]
2. If YES, ask:
 - A. Which process or process line is smoke coming from? (Try to be specific, e.g., "Boiler No. 4" or "Coating Line C").

 - B. What is the cause of the smoke emission? E.g.--
 - i. Is any air pollution control equipment out of service or turned off while production is ongoing? ___YES___NO
 - ii. If YES: When will it be back on line? _____
 - iii. Is the facility operating under an unusual load, using different fuels, or process feed materials? ___YES___NO
 - C. Note color of smoke: _____
3. A. Has the facility added any processes or expanded any pre-existing processes in the last two years? ___YES___✓NO
 B. If YES: Did the facility obtain any state or federal air pollution permits for the expansion? ___YES___NO*
4. A. Does the facility have any coating or printing operations? ___YES___✓NO
 B. If YES:
 - ii. Are the coatings or inks used: water-based or solvent-based?
 - i. If solvent based, are all process lines controlled, or are coating formulations in use which comply with applicable limits? ___YES___NO*
 - iii. What are the principal solvents or chemical compounds used in process lines? _____
 (Ask for copies of MSDS, if available.)

REFER to program office if you check an answer marked with *.

AIR, Continued

5. **Observe:** Are there strong solvent odors at the facility? ☐ YES* ☒ NO
7. Does the facility emit any of the following pollutants: mercury, beryllium, lead or asbestos? ☐ YES* ☒ NO
8. A. Does the facility emit, or use in its processes, vinyl chloride or benzene? ☐ YES* ☒ NO
- B. If YES:
- i. From which process lines? _____
- ii. Does the facility check for leaks on such process equipment? ☐ YES ☐ NO*
9. A. Has the facility undergone any renovations or demolitions during the last 18 months which involved the removal or disturbance of asbestos-containing materials? ☐ YES ☒ NO
- If YES:
- B. Approximately how many square feet or linear feet of asbestos-containing materials were removed? _____
- C. If the amount exceeded 260 linear feet, or 160 square feet, *REFER* to Air program office; and Ask: was EPA notified of removal? ☐ YES ☐ NO*

* * * * *

RADIATION**Ask:**

1. Are any radioactive materials used or stored at this facility? ☐ YES ☒ NO
2. If YES, does the facility have a state or federal radiation license? ☐ YES ☐ NO*

REFER to program office if you check an answer marked with *.

WATER**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
And PRE-TREATMENT/UNDERGROUND INJECTION CONTROL (UIC)**

1. **Observe/Ask:** Does the facility dispose of any wastewater (e.g., from its manufacturing processes, wash water or other industrial wastes)? ☐ YES ☒ NO
2. **If yes:** Does the facility discharge wastewater into a--
 - receiving stream? ☐ YES ☐ NO
 - municipal sewer (sanitary or storm) system? ☐ YES ☐ NO
 - subsurface disposal system (septic system, drywell or cesspool)? ☐ YES ☐ NO

As applicable, ascertain the name of the stream or sewer system.
3. An NPDES permit is required for discharge to a waterbody; a pretreatment permit is usually issued by the municipality authorizing the discharge to a sanitary sewer system; and a UIC permit is required for subsurface disposal. Does the facility have a permit for each discharge? ☐ YES ☐ NO
4. Does the facility treat wastewater prior to discharge? ☐ YES ☐ NO
5. **Observe:**
 - a. Is the effluent from the wastewater treatment facilities clear and free of solids? ☐ YES ☐ NO
 - b. Is equipment clean and well maintained? ☐ YES ☐ NO
 - c. Are there any unusual odors? ☐ YES* ☐ NO
6. **Ask:** Is the effluent currently in compliance with the limitations established in the permit, or the terms of an administrative or judicial compliance order? ☐ YES ☐ NO

REFER to program office if you check an answer marked with *.

NPDES and UIC, Continued7. **Observe/Ask:**

a. How are waste fluids disposed of?

*No waste fluids.*b. Does the facility have floor or storm drains? ☐ YES ☐ NO

If YES:

Is there fluid in the drains? Is there evidence (staining, etc.) of fluid entering drains? Are storm drains situated so that they could receive spills from truck loading accidents, etc?

c. Does the facility operator indicate, or is there any evidence that any wastewater, or wastes/spills go into drains?
☐ YES* ☐ NO

PUBLIC WATER SUPPLY

1. **Observe/Ask:** Does the facility have its own water supply (i.e., a well)? ☐ YES ☒ NO
2. **If YES:** Does the facility provide potable water for 25 or more persons? ☐ YES ☐ NO
3. **If YES:** Is the facility sampling and analyzing for contaminants in its water supply and reporting the results to the state? ☐ YES ☐ NO*

REFER to program office if you check an answer marked with *.

EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)

EMERGENCY PLANNING and COMMUNITY RIGHT TO KNOW

ASK:

1. A. Does the facility have present any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities? ☐ YES ☒ NO
 [Threshold planning quantities are established by regulation vary by chemical, and range from 1 lb. to 5000 lbs.]
 - B. If YES: Was the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of their presence for local planning purposes? ☐ YES ☐ NO
2. A. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity? ☐ YES* ☒ NO
 [Reportable quantities vary by substance, ranging from 1 lb. to 5000 lbs. For the purpose of this checklist, assume 1 lb.]
 - B. If YES: Was notification of the release provided? ☐ YES ☐ NO
 - C. If YES:
 - i. To whom was the notification given?
 - ii. Was notification oral or written?
 - iii. If oral, was a written, follow-up report submitted? ☐ YES ☐ NO
 [If facility cannot identify to whom notification was given, cannot specify whether notification was written or oral, or is not certain whether oral notification was followed by a written follow-up report, *REFER*.]
3. A. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? ☐ YES ☒ NO*
N/A → No haz. materials onsite.
 - B. If any hazardous chemicals are present in excess of 10,000 lbs., or Extremely Hazardous Substances are present in excess of the threshold planning quantities, have the MSDS (or a list of MSDS), along with chemical inventory forms, been submitted to state and local emergency planning authorities and the local fire department? ☐ YES ☒ NO*

REFER to program office if you check an answer marked with *.

EPCRA, ContinuedTOXIC RELEASE INVENTORY (TRI)**Ask:**

1. Does the facility have 10 or more full-time employees? ☐ YES ☒ NO
2. Is the facility classified under SIC codes 20 through 39? ☒ YES ☐ NO

If the response to either 1. or 2. is "NO," no further questions are required.

3. If both 1. and 2. are YES:

Did the facility use more than 10,000 lbs. of a chemical during a previous calendar year (starting with 1987). ☐ YES ☐ NO

4. If YES:

Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? ☐ YES ☐ NO*

For more EPCRA information, call 1-800-535-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To Know at 908-321-6194 or for EPCRA-Toxic Release Inventory at 908-906-6890.

REFER to program office if you check an answer marked with *.

TOXIC SUBSTANCES CONTROL ACT (TSCA)

Ask:

1. A. Does the facility use electrical equipment that contains polychlorinated biphenyls (PCBs) (excluding small capacitors and florescent light ballasts)? ☐ YES* ☒ NO
- B. IF YES:
 - i. How many oil filled electrical transformers does the facility have?
 - ii. How many PCB Transformers does the facility have (transformers which contain PCBs at concentrations of 500 ppm or greater)?
2. A. Does the facility have any high temperature hydraulic systems? ☐ YES ☒ NO
- B. If YES:
 - i. Have PCBs ever been used in these systems? ☐ YES* ☐ NO
 - ii. What is the current PCB concentration in these systems?
3. A. Does the facility have any oil filled heat transfer systems? ☐ YES ☒ NO
- B. If YES:
 - i. Have PCBs ever been used in these systems? ☐ YES* ☐ NO
 - ii. What is the current PCB concentration in these systems?
4. A. OBSERVE PCB Items (transformers, capacitors, containers)
 - Are any leaking? ☐ YES* ☐ NO
 - Do all have a PCB label? ☐ YES ☒ NO
5. A. ASK: Does the facility have a PCB storage for disposal area? ☐ YES* ☒ NO
- B. If YES, OBSERVE the PCB storage area. Does it have --
 - PCBs stored for disposal in it? ☐ YES* ☐ NO
 - a roof and walls to keep out rain? ☐ YES ☒ NO
 - a 6" high impervious containment berm? ☐ YES ☒ NO
 - a PCB label? ☐ YES ☒ NO
 - Is it in the 100-year flood plain? ☐ YES* ☐ NO
 - Do all items show the date "removed from service for disposal"? ☐ YES ☐ NO

REFER to program office if you check an answer marked with *.

TSCA, Continued

6. **ASK:** Does the facility manufacture or import into the United States "new commercial chemicals" [i.e., chemicals which were not previously manufactured in or imported into the United States]? ☐ YES* ☒ NO

[Note: Specific information on such chemicals is protected by TSCA as Confidential Business Information, and should not be obtained.]

For further TSCA information, call the TSCA Assistance Office in Washington at 202-554-1404 or the Region II TSCA program office at 908-321-6759.

* * * * *

SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC)

Ask:

1. A. Does the facility store oil? ☐ YES ☒ NO
- [Note that oil is not limited to petroleum products; for example, vegetable oil is covered.]
- B. If YES, does the storage capacity exceed --
- i. 660 gallons in any one above-ground tank? ☐ YES ☐ NO
 - ii. 1320 gallons in all above-ground tanks? ☐ YES ☐ NO
 - iii. 42,000 gallons in underground tank(s)? ☐ YES ☐ NO
2. If the answer to any part of #1. B. was YES, does the facility have a Spill Prevention, Control, and Countermeasure (SPCC) Plan? ☐ YES ☐ NO*
3. Did the facility have an oil spill within the last 12 months? ☐ YES* ☐ NO

REFER to program office if you check an answer marked with *.

WETLANDS**1. Observe:**

- A. Are there any wet areas (i.e., marshes, swamps, bogs) on or adjacent to the site, with or without wetlands-type vegetation such as cattails, rushes, or sedges? ☐ YES ☒ NO

[Sketches of several common wetlands plants are attached. Note that there need not be standing water in order for an area to be designated a federal wetland; and some wetlands have shrubs and trees present.]

- B. Are there any waterbodies or waterways on or adjacent to the site? ☐ YES ☒ NO

2. If answer to # 1. A or B was "YES," is there any work (clearing, filling, dredging, ditching, construction on or over the area, etc.) being conducted in these areas, or is there any evidence that such activities have occurred very recently? ☐ YES ☐ NO

3. If YES:

- A. When was the work undertaken? _____

- B. Does the facility have any permits for this work? ☐ YES ☐ NO*

4. If YES:

- A. What agency(s) issued such permits? _____
(E.g., U.S. Army Corps of Engineers; State environmental agency.)

- B. For any federal permits, what specific type of permits are they (i.e., nationwide, regional, individual)? _____

If facility is unable to provide adequate information in response to # 4., *REFER* to program office.

REFER to program office if you check an answer marked with *.

Attachment B

REGION II MEDIA PROGRAM SECTION CHIEFS (and Alternate Contacts)

RCRA: Joel Golumbek (NJ, Caribbean), 264-2638
John Gorman (NY), 264-2621

AIR (Except Asbestos): Karl Mangels (NY), 264-6684
Jehuda Menczel (NJ, Caribbean), 264-6680

AIR/ASBESTOS: Robert Fitzpatrick, 264-6770

UST: Dit Fai Cheung, 264-6069

TSCA: Dan Kraft, 340-6669
Dave Greenlaw, 340-6817

EPCRA: For Toxic Release Inventory: Dan Kraft, 340-6669
Nora Lopez, 340-6890
For Emergency Planning & Community Right-to-Know:
John Higgins, 340-6194

SPCC: Doug Kodama, 340-6905

Federal Facilities: John Fillipelli, 264-6723

NPDES and Pretreatment: John Kushwara, 264-9878

UIC: Frank Brock, 264-1547

Public Water Supply: Robert Williams, 2164-3409

Wetlands: Daniel Montella, 264-5170

Removal Actions: Richard Salkie, 340-6658
Bruce Sprague, 340-6656
John Witkowski, 340-6991

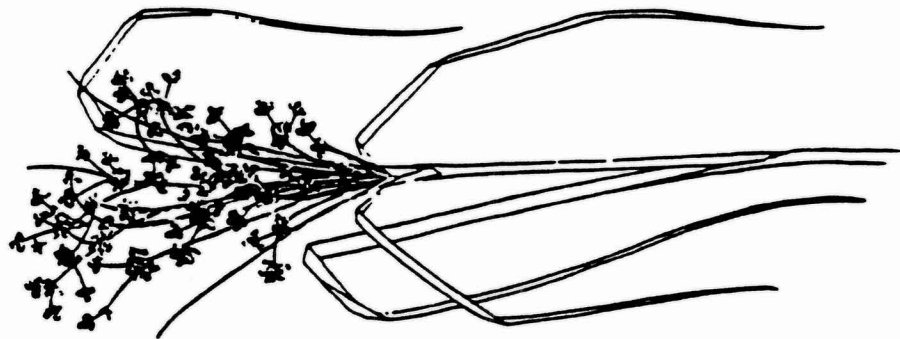
Radiation: Paul Giardina, 264-4110
Mindy Pensak, 264-4418
Florie Caporuscio, 264-0503

Section Chiefs should contact their appropriate counterpart(s) on the above list concerning potential violations.

Scirpus cyperinus (L.) Pers.
Wool grass or Woolly Sedge

Range Newfoundland to
Southeast Texas, much in North Carolina
and Oklahoma
Habitat Marshes, wet meadows, and
ditches
General characteristics Plants up to
3 feet tall, growing in small groups,
stem with long, narrow, rigid leaves;
flowers crowded into small, oval,
woolly spikelets in loose, drooping
clusters at the tip of the stem.
Stem Upright, mostly triangular, up to
1/2 inch thick, from a fibrous rooted
base.
Leaves Similar leaves up to 14 inches long
and 1/4 inch wide, those immediately
below the flower clusters three to five,
sheaths closed except at summit.
Inflorescence Flowers inconspicuous in
the axils of the overlapping scales of the
brownish spikelets, spikelets in clusters
of six to twelve at the ends of long,
somewhat drooping branches, flower
cluster up to 12 inches long, much-
branched, flowering during August-
September.
Fruit A whitish, seed like nutlet with
bristles much longer than the scales
attached to the base; the bristles impart
the woolly appearance to the spikelets.

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Carex lurida Wahlerb.
Sedge

Range Nova Scotia to Minnesota, south
to Florida and Mexico
Habitat Wet meadows, marshes,
ditches, edges of ponds and ponds
General characteristics Plants up to
3 feet tall, generally growing in dense
clumps, stems bearing several long,
narrow leaves with rough surfaces, male
and female flowers in separate spikes,
the latter in the axils of the uppermost
leaves.
Stem Sharply three-angled and smooth,
from a fibrous rooted base.
Leaves Up to 10 inches long and
1/4 inch wide, those immediately below
the flower clusters resembling the stem
leaves, leaf sheath with a ligule at the
junction of the blade; closed except at
summit.
Inflorescence Flowers in the axils of
scales with long tips and appressed in
spikes, the male spike single, erect at
the top of the stem, soon withering,
female spikes two to four, thick,
cylindrical, up to 3 1/2 inches long and
1/4 inch thick, sessile or short stalked,
erect or somewhat drooping, very
densely flowered, flowering during
June-July.
Fruit A brown, seed like nutlet
enclosed in an inflated sac (the
perigynium).

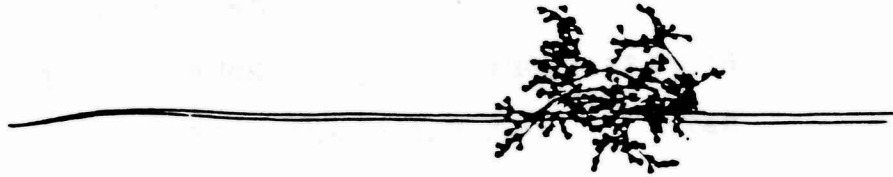
246



JUNCACEAE
Rush Family
Juncus effusus L.
Soft Rush

Range Throughout southern Canada
and the United States
Habitat Wet meadows, marshes, edges
of ponds and bogs, shallow water
General characteristics Grass like
plants up to 5 feet tall, apparently
leafless, in tufts of up to several
hundred stems, flowers in loose clusters
borne on the side of the stem up to one
third of the way down from the tip.
Stem Upright, soft and green, finely
striate, arising from a stout rhizome
hidden among the tufts.
Leaves Without blades, represented by
sheaths at the base of the stem.
Inflorescence Flowers small and
greenish to brown with three scale like,
pointed sepals and three similar petals,
numerous, flower clusters with many
forking branches of variable lengths, the
flowers at the tips of the smaller
branches, flowering during July-
August.
Fruit A brownish capsule with three
partitions containing many seeds.
Commonly confused species: *Scirpus*
sp. (Bulrushes), rushes may be
distinguished from bulrushes by the fact
that the fruits consist of capsules in the
former group and nutlets in the axils of
spikelet scales in the latter group.
Similar species: *Juncus monensis*,
J. filiformis, *J. balticus*, *J. strigosus*,
J. repens, *J. marginatus*, *J. biflorus*,
J. nodosus, *J. scirpoides*, *J. brachy*
carpus, *J. brevicaudatus*, *J. brachy*
cephalus, *J. acuminatus*, *J. debilis*,
J. militaris, *J. articulatus*, *J. polycarpus*,
J. subulilis.

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GENERAL INSTRUCTION
FOR WASTE MINIMIZATION CHECKLIST

I. Legislation and Authority

A. The EPA is given the authority by Congress through the Hazardous and Solid Waste Amendments of 1984 (HSWA) to protect the environment by "minimizing the generation of hazardous waste and the land disposal of hazardous waste by encouraging process substitution, material recovery, properly conducted recycling and reuse, and treatment;" (HSWA, sec.1003(a) (6)). Through this and other legislative actions, Congress has made clear it's intention that the reduction of hazardous waste is far more desirable than the safe disposal of hazardous waste.

B. HSWA sets forth two basic requirements for generators and treatment, storage and disposal facilities (TSDFs). They are:

1.that hazardous waste generators submit waste minimization reports as part of the biennial reports (3002 (a) (6),

2.that generators certify on the manifest that they have a waste reduction program in place (3005 (h))

II. Pre-inspection procedures:

Review any company documents regarding waste minimization activities conducted by the handlers to be inspected. (PAB files/ permit files if TSD). This should include records of the annual reports (AR) submitted to the states, or the biennial reports submitted to EPA. The AR/BER contain a description of the efforts taken during the year to reduce the toxicity and volume of waste generated, as well as the actual reductions achieved.

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Waste Minimization Checklist

GENERATOR CHECKLIST

=====

MANIFEST

GENERAL 262.20

YES NO N/A

Does the generator, offer for transportation, hazardous waste for off-site treatment/disposal?

___ ___ /

If yes, proceed to next question. If no, proceed to 264.75/265.75.

262.23

Does the generator sign the manifest certification which states;

___ ___ /

" If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of the waste generated to the degree I have determined to be economically practical and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the enviroment; OR, if Iam a small quantity generator, I have made a good effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford."

Does the generator have a written Waste Minimization Plan?

___ ___ /

If no, ask the generator to describe his plan orally.

COMMENTS:

(Explain in this space the areas that visually show evidence that a program is in place and is being implemented)

ANNUAL /BIENNIAL REPORT

262.41

YES NO N/A

Has the generator submitted Annual (AR) or Biennual reports (BER) to the appropriate regulatory agency?

___ ___ /

The inspector should review these reports prior to the inspection (see above), and should try to verify the information in the report during his/her site inspection. The following questions should be addressed during the inspection.

262.56 (5)

Does the BER or AR include the efforts undertaken during the year to reduce the volume of toxicity of the wastes generated?

___ ___ /

Does the BER or AR include a description of the changes in volume and toxicity of the wastes actually achieved during the year in comparison to previous years?

___ ___ /

Do these efforts match the information contained in the generator's written or verbally described waste minimization program.

--- --- /

Is the BER or AR certification signed by the generator or authorized representatives?

___ ___ /

TSD/ CHECKLIST

The inspector should review a copy of the AR/BER prior to the inspection, and should try to verify the information in the report during his inspection. The following question should be addressed during the inspection.

Does the AR/BER include the efforts undertaken during the year to reduce the volume of toxicity of the waste generated?	YES	NO	N/A
	---	---	---

Does the AR/BER include a description of the changes in volume and toxicity of the wastes actually achieved during the year in comparison to previous years?	---	---	---
--	-----	-----	-----

Do these efforts match the information contained in the generator's written or verbally described waste minimization program.

Is the AR/BER certification signed by the generator or authorized representatives?	---	---	---
--	-----	-----	-----

264.75/265/75 (h-j)

Does the generator treat, store and dispose hazardous waste on site?	---	---	---
--	-----	-----	-----

If yes to the above question, does the generator submit BERs or ARs to the appropriate regulatory agency?	---	---	---
---	-----	-----	-----

1. The first part of the report is a general description of the project and its objectives. It includes a brief history of the project and a statement of the problem to be solved. The second part of the report is a description of the methodology used in the study. This includes a description of the data collection methods and the statistical methods used to analyze the data. The third part of the report is a description of the results of the study. This includes a description of the findings and a discussion of their implications. The fourth part of the report is a conclusion and a list of references.

2. The first part of the report is a general description of the project and its objectives. It includes a brief history of the project and a statement of the problem to be solved. The second part of the report is a description of the methodology used in the study. This includes a description of the data collection methods and the statistical methods used to analyze the data. The third part of the report is a description of the results of the study. This includes a description of the findings and a discussion of their implications. The fourth part of the report is a conclusion and a list of references.

3. The first part of the report is a general description of the project and its objectives. It includes a brief history of the project and a statement of the problem to be solved. The second part of the report is a description of the methodology used in the study. This includes a description of the data collection methods and the statistical methods used to analyze the data. The third part of the report is a description of the results of the study. This includes a description of the findings and a discussion of their implications. The fourth part of the report is a conclusion and a list of references.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: April 29, 2015 - 9:44 AM

Version 5.0

User Selection Criteria

Location:	New Jersey, all activities	Activity Location:	None Chosen
Handler ID:	NJD986623510	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 04/29/2015		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:4 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rdf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: April 29, 2015 - 9:44 AM

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EUREKA SPRING CO INC

County Name / Code: ESSEX / NJ013

NJD986623510

Location: 9-15 MANUFACTURERS PL; NEWARK, NJ 07105

REGION 02

Mailing: PO BOX 5067; NEWARK, NJ 07105

Activity Location: NJ	State District: NORTHERN	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: N
Generator: N	Transporter: N	Operating TSDF: -----	IC In Place: N	EI Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: ----	
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Evaluations With No Violations:

CEI Evaluation 09/22/1993	Activity Location: NJ	By: EPA Contractor	Identifier: 000	Person: R2	Branch:	Found Violation: NO
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:

Total Number of Handlers: 1

Total Number of Activity Locations: 1

*** End of Report ***

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: April 29, 2015 - 9:44 AM

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Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

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FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: April 29, 2015 - 9:44 AM

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Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

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